



## Instructions for Driver Improvement Instructor's Certificate Application

1. Complete, in entirety, the application and all attachments. Do not leave any questions or sections blank. A Notary Public must notarize this application.
2. Attach one (1) photograph showing a full view of the face, neck, shoulders, and uncovered head. The photograph must be taken within thirty (30) days of filing this application.
3. Complete Fingerprint Cards:
  - a) One (1) set of fingerprints (2 cards) of each digit of the right and left hands.
  - b) An affidavit from a state, county, or city officer, qualified to make such fingerprints, that the fingerprints are those of the applicant.
  - c) A \$24.00 money order, certified check, or cashier's check made payable to Georgia Bureau of Investigation G.B.I. to cover the fingerprint processing fee.
  - d) Complete the following information on each fingerprint card: Resident, place of birth, nationality, age, date of birth, height, weight, race, color of hair, color of eyes, citizenship, social security number, etc. Fingerprint cards without the foregoing information will not be accepted.
4. An official transcript or diploma from an accredited college, junior college, high school, or GED equivalent must accompany the application
5. Attach a copy of your Instructor's Certificate from one of the four approved curriculum (National Safety Council, G.A.R.D.E., USA/Georgia, or A.I.P.S.). Certificates of Completion from a defensive driving course will not be accepted. For additional information, contact:
  - National Safety Council (NSC) – (770) 457-5100 Extension 17
  - Georgia Association for Risk Reduction and Defensive Driver Education (G.A.R.D.E.) – (706) 736-1700
  - USA Training, Inc. (USA/Georgia) – (850) 509-0085
  - American Institute for Public Safety (A.I.P.S.) – 1 (888) 458-2477
6. Include a Motor Vehicle Report (MVR) covering your driving history for the past five (5) years. Applicants who have been licensed in two or more states or countries in the past five (5) years must obtain an MVR from those states or countries. **Applications with only three (3) year MVR's will not be accepted.**
7. A \$100.00 application fee in the form of a money order, certified check, or cashier's check made payable to Georgia Department of Motor Vehicle Safety must be included.
8. Complete the Consent for Background Investigation Form and have it notarized.

**STATE OF GEORGIA  
DEPARTMENT OF MOTOR VEHICLE SAFETY  
REGULATORY COMPLIANCE SECTION  
2206 EAST VIEW PARKWAY - P.O. BOX 80447  
CONYERS, GA 30013**

**APPLICATION FOR DRIVER IMPROVEMENT INSTRUCTOR'S CERTIFICATE**

\_\_\_\_\_  
Date Issued

\_\_\_\_\_  
Date Expires

1. Name \_\_\_\_\_  
(First) (Middle) (Last)
2. Resident Address \_\_\_\_\_  
(Street - No P.O. Boxes) (City) (Zip)
3. Mailing Address \_\_\_\_\_  
(City) (Zip)
4. Home Phone # \_\_\_\_\_ 5. Business Phone # \_\_\_\_\_
6. Cell Phone # \_\_\_\_\_ 7. E-Mail Address \_\_\_\_\_
8. Occupation \_\_\_\_\_ 9. Date of Birth: \_\_\_\_\_
10. Which Curriculum are you certified to teach or will become certified to teach?  
**NSC** ☐ **G.A.R.D.E.** ☐ **USA/Georgia** ☐ **A.I.P.S** ☐
11. If not yet certified, list the dates that you will be attending curriculum training:  
\_\_\_\_\_
12. List the name(s) of the Driver Improvement Clinic(s) you will be associated with:  
\_\_\_\_\_

**License History:**

List your license number, the state that the license was issued by, and how many years you were licensed in that state. If you have been licensed in another state or country, please list the state or country and the number of years licensed in that state or country.

License Number	State Issued By	Years Licensed in State

## Section II - Background Information

1. Have you plead guilty, entered a plea of nolo contendere, or been found guilty of any crime by a judge or jury in any state or the federal system? **Yes** ☐ **No** ☐

If yes, what were the charge(s)? \_\_\_\_\_

Date: \_\_\_\_\_ Location: \_\_\_\_\_

**If you answered yes to the question above, you will need to attach a copy of the case disposition. If you do not have the case disposition you will need to request the disposition from the court that handled the case and submit it with this application.**

2. Are there any proceedings now pending against you relative to any crime, misdemeanors, or violations? **Yes** ☐ **No** ☐

If so, give particulars: \_\_\_\_\_

3. Have you ever been addicted to drugs and/or alcohol? **Yes** ☐ **No** ☐

If so, are you in total abstinence? **Yes** ☐ **No** ☐

4. Have you ever sought treatment for alcohol or drug abuse? **Yes** ☐ **No** ☐

If so, when? \_\_\_\_\_

5. Have you fully complied in every respect with the Rules and Regulations governing Driver Improvement Instructors? **Yes** ☐ **No** ☐

6. Synopsis – Give experience teaching or instructional experience. (If additional space is needed, attach additional sheets and submit along with this application).

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**TO KNOWINGLY MAKE A FALSE STATEMENT OR CONCEAL A MATERIAL FACT IN THIS APPLICATION WILL RESULT IN THE CANCELLATION OF YOUR INSTRUCTOR'S CERTIFICATE.**

# AFFIDAVIT

I certify that the following is true:

1. No member of my immediate family, including myself, my spouse, dependent child, dependent stepchild, or dependent adopted child is an employee of the Georgia Department of Motor Vehicle Safety.
2. No member of my immediate family, including myself, my spouse, dependent child, dependent stepchild, or dependent adopted child is employed as a judge, probation employee, law enforcement officer, or employee of the court.
3. My driver's license has not been suspended for any reason nor have I pled guilty, had a bond forfeiture, or pled nolo contendere for any mandatory suspension offense within one (1) year prior to making this application.
4. My driver's license has not been suspended two or more times nor have I pled guilty, had a bond forfeiture, or pled nolo contendere to two or more mandatory suspension offenses within five (5) years prior to making this application.
5. I have not been convicted, forfeited a bond, pled guilty, or pled nolo contendere to a felony or any crime involving violence, dishonesty, deceit, fraud, indecency, or moral turpitude. I understand that no person with such a criminal conviction will be licensed unless he or she has received a pardon and can produce evidence of same.

The undersigned, being duly sworn, states: I am a person of good moral character and at least twenty-one (21) years of age. That I am the applicant for an Instructor's License for the purpose of giving instructions in a Driver Improvement Clinic and that the information stated herein is true.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
(Notary Public)

\_\_\_\_\_  
(Seal Required)

\_\_\_\_\_  
Commission Expires

## AFFIDAVIT

State of Georgia

County of \_\_\_\_\_

I do solemnly swear (or affirm) that the attached fingerprints are those of the applicant named herein: \_\_\_\_\_

\_\_\_\_\_  
Signature of Official taking Fingerprints

\_\_\_\_\_  
Name of above Official's Agency

\_\_\_\_\_  
Date of Fingerprinting

**NOTE:** BEFORE SENDING IN THE FINGERPRINT CARDS, BE SURE TO FILL IN THE FOLLOWING: Residence, place of birth, nationality, age, date of birth, height, weight, race, color of hair, color of eyes, citizenship, social security number, etc. The fingerprint card without the forgoing information will not be accepted.



# Georgia Department of Motor Vehicle Safety

2206 East View Parkway, P.O. Box 80447, Conyers, GA 30013

<b>OFFICE USE ONLY</b> FILE NUMBER:	<b>OFFICE USE ONLY</b> DATE APPLICATION RECEIVED:	<b>OFFICE USE ONLY</b> BACKGROUND <input type="checkbox"/> DRIVER'S HIST P F <input type="checkbox"/> CRIMINAL HIST P F	<b>OFFICE USE ONLY</b>
<b>OFFICE USE ONLY</b>			

## CONSENT FOR BACKGROUND INVESTIGATION

Last Name	First Name	Middle	Date of Birth (MM/DD/YYYY) / /
Driver's License Number (Include all zeros)	Issue date (Exam date)	State	Social Security Number
Current Street Address		City and State	Zip Code
Do you hold any other driver's license(s)? Yes No	If so, list state(s) and license number(s)		Phone Number
Company			Phone Number
Address		City and State	Zip Code
Have you been convicted of, plead guilty to, plead nolo contendere to, served time, or been on probation or parole for any crime whether felony or misdemeanor, in this state, in any other state, or in the federal system? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you have a charge(s) or court hearing pending, or are you under indictment or accusation for any crime? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If you are now charged, under indictment, or have court hearings pending for any charges, give details below:			

I hereby apply for a Certificate (to operate a Commercial Truck Driving School and/or Driver Improvement School and/or to become an Instructor) to be issued by the Department of Motor Vehicle Safety (DMVS). I understand that my criminal history and driver's history will be checked, and hereby give consent for the DMVS to conduct whatever investigations necessary to determine my eligibility to hold such a certificate. I understand that false, misleading, or incomplete information in my application or on this Consent Form may result in certificate denial, cancellation, suspension, or revocation, as well as possible criminal prosecution and civil action. Under penalty for perjury, I do hereby swear or affirm that the information contained within this application, and any statements made in connection therewith, are complete, true and correct.

Signature

Date

**THIS CONSENT FORM MUST BE NOTARIZED**

Subscribed to and sworn before me:

SEAL OR STAMP

Notary Signature

Date

My commission expires: \_\_\_\_\_

**Return form to the Regulatory Compliance Section**